



Department of Purchasing
Donald R. Riley, CPPB, Procurement Specialist

REQUEST FOR QUOTE NUMBER:		16RFQ111516-DRR
WILL BE RECEIVED UNTIL		November 29, 2016
		3:00 p.m. EST
DESCRIPTION: Avian Forest and Flippen Road		Site Visit November 21, 2016 @ 1PM
Return to: Donald R. Riley, CPPB, Procurement Specialist City of Stockbridge – Purchasing Department 4640 N. Henry Boulevard Stockbridge, Georgia 30281		
ANY QUESTIONS REGARDING PURCHASING PROCEDURES OR THE SPECIFICATIONS SHOULD BE ADDRESSED <u>ONLY</u> TO THE PROCUREMENT SPECIALIST LISTED BELOW. BIDDERS MAY NOT HAVE CONTACT WITH CITY OFFICERS, ELECTED OFFICIALS OR CITY EMPLOYEES REGARDING THIS BID PRIOR TO AWARD OF PURCHASE ORDER. VIOLATION OF THIS INSTRUCTION WILL RESULT IN YOUR BID BEING FOUND NON-RESPONSIVE. LAST DAY FOR QUESTIONS November 23, 2016 @ 3:00 P.M. EST.		
CONTACT NAME: Donald R. Riley, CPPB	E-Mail Address : DRiley@CityofStockbridge-ga.gov	Telephone Number: (770) 389-7912 (fax only)
All information requested on this sheet must be completed. The signature block and related information on each quote sheet must also be completed. Unless specifications indicate “NO SUBSTITUTE”, items determined by City of Stockbridge to be “EQUAL OR BETTER” will be given full consideration. All prices QUOTED must be “FOB DELIVERED” unless otherwise requested, and must be submitted in the format requested. The City reserves the right to cancel the solicitation and to reject any or all quotes in whole or in part and is not bound to accept any quote if rejection of that quote is determined to be contrary to the best interest of the City.		
Company Name:		
Company Address:		
City	State	Zip Code
Telephone Number:	Fax Number:	E-Mail Address:
RESPONSES MUST BE DELIVERED/EMAILED TO THE PURCHASING OFFICE BY THE DATE INDICATED.		
Person submitting QUOTE: (Please Print)		Date
Title		
*Signature of the person submitting QUOTE:		
<small>*This person has binding authority to sign contracts on behalf of the responding company. By signing this form and all attachments, vendor agrees that their quote is an offer to sell. All bidders shall comply with all City of Stockbridge purchasing laws, policies, and procedures, as well as relevant state and federal laws— including compliance with EEOC hiring guidelines and requirements under the Americans with Disabilities Act.</small>		

NO BID: ☐

REASON: _____



Department of Purchasing

Donald R. Riley, CPPB, Procurement Specialist

REQUEST FOR E-QUOTE SPECIFICATIONS

REMOVAL AND REPLACEMENT OF ONE (1) THROAT AND TOP STORMWATER DEPARTMENT

1. DESCRIPTION

The City of Stockbridge Finance Department Division is soliciting quotes from all qualified Contractors to provide all necessary equipment, labor, material, apparatuses and all things necessary to perform removal and placement of one (1) Throat and top at Avian Forest and Flippen Road located in Stockbridge, Georgia. for the Stormwater Department.

2. CONTACT PERSON

Please contact Donald R. Riley, CPPB, Purchasing Specialist, by e-mail at DRiley@cityofstockbridge-ga.gov or fax me at (770) 389-7912 only, with any procedural or technical questions. All questions should be submitted in writing to the Purchasing contact person via email only. No phone calls will be accepted. Any responses made by the City will be provided in writing to all Bidders by addendum. No verbal responses shall be authoritative. All quotes are to be emailed directly to DRILEY@CITYOFSTOCKBRIDGE-GA.GOV ONLY.

PRE-BID CONFERENCE (NON MANDATORY)

Date: **NOVEMBER 21, 2016**
Time: **1:00 P.M. EST**
Location: **AVIAN FOREST @ FLIPPEN ROAD**
Stockbridge, Georgia 30281

Inquiries regarding the solicitation either technical or otherwise may be submitted in writing prior to the pre-bid conference and will be addressed; however, will be responded to in the form of an addendum with the City's official response.

Any additional questions asked at the Pre-Bid Conference must be submitted in written form at the Pre-Bid conference and will be responded to in the form of an addendum with the City's official responses.

The Pre-Bid Conference will be conducted for the purpose of explaining the City's bid process, the specifications/technical documents, and to provide non-binding verbal responses to questions concerning these quote specifications and to discuss issues from the Respondents perspective. However, no verbal response provided at the Pre-Bid Conference binds the City. Only those responses to written questions that are responded to by the City in written communications will be official.

3. TERM OF AGREEMENT

This procurement is from issuance of notice to proceed for sixty (60) days.

4. PRODUCT/SERVICE SPECIFICATIONS

Removal and Replacement of one (1) Throat and top

Location: Avian Forest and Flippen Road, Stockbridge, Georgia 30281

The City of Stockbridge Finance Department – Purchasing Division is soliciting quotes from all qualified Contractors to provide all necessary equipment, labor, materials and apparatus necessary to perform removal and replacement of one (1) Throat and top at Avian Forest and Flippen Road located in Stockbridge, Georgia.

The successful Contractor must provide the following services:

- 4.1. The Contractor shall remove and replace – one (1) – Throat and top,
- 4.2. The Contractor must pour a new throat and top with a new ring cover;
- 4.3. The Contract shall excavate a two inch (2") below finish grade place GEO grid and fill with GAB;
- 4.4. The Contractor must saw cut asphalt road eight feet (8') by twenty-four feet (24');
- 4.5. The Contractor shall patch asphalt with commercial grade materials;
- 4.6. The Contractor must regROUT all pipe in catch basin;
- 4.7. The Contract shall be responsible for calling and locating of all utilities to ensure that they are marked;
- 4.8. Responsible for landscaping of the disturbed area(s) (hydroseeding and straw);
- 4.9. The Contractor shall be responsible for all repairs of street, driveway and sidewalks;
- 4.10. The Contractor shall be responsible for all signs and traffic control during the project;
- 4.11. The Contractor shall be responsible for all equipment, parts, materials and all things necessary to complete this project;
- 4.12. Responsible for removal and disposal of all debris and unused parts, materials and equipment;
- 4.13. The pricing sheets indicate only probable items intended for procurement. The City of Stockbridge reserves the right to limit the procurement only to the items actually required during the award period; and
- 4.14. All materials and supplies requested by the Department must be of professional-grade, commercial quality/support along with all any warranty information.

5. PRICING SHEETS

LINE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
1	Remove and Replace – 1- Throat and Top	1 Each	\$ _____	\$ _____
2	Excavate 2” Below Finish Grade Place GEO Grid & Fill w/GAB	Lump Sum	\$ _____	\$ _____
3	Asphalt Patch	1 Each	\$ _____	\$ _____
4	Re-Grout All Pipe in Catch Basin	Lump Sum	\$ _____	\$ _____
5	Landscaping	As Required	\$ _____	\$ _____
6	Signs & Traffic Control	As Required	\$ _____	\$ _____
7	Removal & Disposal Debris	As Required	\$ _____	\$ _____
8	Total Cost of All items (including Items #1 - 7)		\$ _____	\$ _____

6. INSURANCE & RISK MANAGEMENT PROVISIONS

INSURANCE & RISK MANAGEMENT PROVISIONS

- 6.1.1. **INSURANCE REQUIREMENTS:** Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia and acceptable to the City of Stockbridge. Insurance coverage must be current from time of award through the period of final acceptance from City of Stockbridge. The following requirements shall apply.
- 6.1.2. Policies and/or certificates certifying policies are to contain an agreement that the policies will not be changed and/or canceled without a ten (10) day prior notice to City of Stockbridge, as evidenced by return receipts of registered or certified letters.
- 6.1.3. Each respondent shall submit with the quote, evidence of insurability satisfactory to the City as to form and content. Either of the following forms of evidence are acceptable:
- 6.1.4. A letter from an insurance company stating that upon your firm/company being the successful bidder/respondent that a Certificate of Insurance shall be issued in compliance with the Insurance Requirements outlined below.
- 6.1.5. A Certificate of Insurance complying with the Insurance Requirements outlined below.
- 6.1.6. Upon award, the Contractor must maintain, at their expense, insurance in at least the following amounts and types outlined below. Any and all Insurance and Bonds required by this contract shall be maintained during the entire length of the contract, including any extensions or renewals thereto, and until all work has been completed to the satisfaction of the City.
- 6.1.7. The Contractor shall insure that the Request for Bid/Proposal number and Project Description appear on the Certificate of Insurance.
- 6.1.8. The Certificate of Insurance shall identify the Certificate Holder as:

City of Stockbridge – Finance Department
Attn: Purchasing Specialist
4640 North Henry Boulevard
Stockbridge, GA 30281

6.2. WORKERS COMPENSATION – STATUTORY (In compliance with the Georgia Workers Compensation Act)

EMPLOYER'S LIABILITY	BY ACCIDENT - EACH ACCIDENT	-	\$500,000.
INSURANCE	BY DISEASE - POLICY LIMIT	-	\$500,000
(Aggregate)	BY DISEASE - EACH EMPLOYEE	-	\$500,000

6.3. COMMERCIAL GENERAL LIABILITY INSURANCE (Including contractual Liability Insurance)

Bodily Injury and Property Damage Liability	Each Occurrence	-	\$1,000,000
(Other than Products/Completed Operations)	General Aggregate	-	\$2,000,000
Products\Completed Operation	Aggregate Limit	-	\$1,000,000
Personal and Advertising Injury	Limits	-	\$1,000,000
Fire Damage	Limits	-	\$ 100,000

6.4. BUSINESS AUTOMOBILE LIABILITY INSURANCE Combined Single Limits

Each Occurrence	-	\$1,000,000
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(Including operation of non-owned, owned, and hired automobiles).

6.5. **UMBRELLA LIABILITY**

(In excess of above noted coverage's) Each Occurrence - \$3,000,000

6.6. **PROFESSIONAL LIABILITY**

Each Occurrence - \$5,000,000
(Required if respondent providing quotation for professional services).

6.7. **FIDELITY BOND**

(Employee Dishonesty) Each Occurrence - \$ 100,000

Insurance in no way Limits the Liability of the Respondent.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The successful contractor will agree to indemnify, save harmless and defend the City, its agents, servants, and employees from all lawsuits, claims, demands, liabilities, losses and expenses for or on account of any injury or loss in connection with the work performed under this contractor: Provided, however the contractor shall not be liable for any damages resulting from the sole negligent or intentional acts or omission of the City and its employees, agents or representatives.

THE RESPONDENT ACKNOWLEDGES HAVING READ, UNDERSTANDING, AND AGREES TO COMPLY WITH THE ABOVE STATEMENTS, AND IS AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF THE RESPONDING COMPANY.

COMPANY:_____ **SIGNATURE:**_____

NAME:_____ **TITLE:**_____ **DATE:**_____

7. STATE OF GEORGIA

CITY OF STOCKBRIDGE

GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Stockbridge and has registered with, is authorized to use, and uses, the federal work authorization program commonly known as EVerify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-91. Furthermore, the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, __, 2016 in Stockbridge, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY of _____,
2016.

My Commission Expires: _____
NOTARY PUBLIC